

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-11502		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE											
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 07/09/11		DAY THURS		TIME: MILITARY 1601							
CRASH OCCURRED ON 1530 Walmart Dr.				WITHIN THE INTERSECTION OF Parking Lot															
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)								CITY CODE 08303							
LOG-1		LOG-2		LOC		JUR		FH9		FILT									
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT OH INS CO.							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Singh, Parmjit				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 222nd st. #1P Queens, NY 11428															
PHONE NO. 513-767-6538		BIRTH DATE 12/6/1972		AGE 42		SEX M		SOCIAL SECURITY NO.		STATE NY		DRIVER'S LICENSE NO. 380 06 3474		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Kaur, Rajwinder				ADDRESS 21 Dryhill ct., Lebanon OH								PHONE Same							
VEH YR 10		MAKE Buick		MODEL SW		COLOR Blk		STYLE SW		STATE OH		LICENSE PLATE NO. GLN 5381		TOWING SERVICE		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Faler, Michael J				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6545 Stratford Rd Morrow OH 45152															
PHONE NO. 513-310-5256		BIRTH DATE 11/3/1980		AGE 34		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RR 877697		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Faler, Michael				ADDRESS 7330 Coldstream, Columbus								PHONE 513-310-5256							
VEH YR 06		MAKE Pont		MODEL 45		COLOR Red		STYLE 45		STATE OH		LICENSE PLATE NO. 3094YG		TOWING SERVICE		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		SEX				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		SEX				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		SEX				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
A B C		INJURED TAKEN TO				By		A B C D E F		RESTRAINTS				ALCOHOL					
D E F		INJURED TAKEN TO				By		A B C D E F		I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 CHILD SAFETY SEAT 8 AIR BAG USED 9 USE NOT REPORTED				A B C D E F					
A		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F		EJECTION				DRUGS					
O		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				A B C D E F					
RECEIVED CALL 1601		DISPATCHED 1602		ARRIVED 1603		CLEARED 1624		OTHER TIME		TOTAL MINUTES 00 off 23		I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG							
DATE REPORT FILED 7/11/11		PHOTOS NO		OFFICER'S NAME Barber		BADGE NO. 120		CHECKED BY											